

POSITION	ATRIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		8	01/26/01
<b>FORMALITY REVIEW</b>	JCM	876	02-68-01
<b>RESPONSE FORMALITY REVIEW</b>	M.H.	625	03-20-01

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	
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1	9/22/23
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Claim	Date				
Final	Original				
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If more than 150 claims or 10 actions  
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BEST AVAILABLE CO